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Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number	10/526,532			
FEE TI	KAN:	SMI I	IAL	Filing Date	March 2, 2005	5		
for FY 2011				First Named Inventor	Terry Wayne Lockridge			
10111 2011				Examiner Name	LEWIS, Jonathan V.			
_					2425			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit					
TOTAL AMOUNT O	FPAYMENT	(\$) 180.	00	Attorney Docket No.	PU020413			
METHOD OF PAYMENT (d	check all that ap	oly)						
Customer Number 24 Deposit Accoun For the above-ide Charge fee	t: Deposit Accontified deposite(s) indicate by additional TOPR 1.16 on this form in	t account, the ed below fee(s) or un and 1.17 nay become pu	- ₀₈₃₂ Director is hereb derpayments o	f 🛛 Credit any	ck all that apply (s) indicated I overpayments	HOMSON LICENSI () Delow, excep S	ot for the filing fee	
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH Small Entity			CH FEES Small Entity	EXAMINATION FEES Small Entity				
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	EES				<u>Fee</u>	Small E	<u>Entity</u> <u>Fee (\$)</u>	
Each claim over 20 (inclu	ding Reissues)				50		25	
Each independent claim of	over 3 (includin	g Reissues)			200		100	
Multiple dependent claims					360		180	
Total Claims		tra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- 20 c HP = highest number of to	or HP = otal claims paid	for, if greater th	x <u>52</u> = ian 20.	=	<u>Fee</u>	<u> </u>	Fee Paid (\$)	
	r HP =		<u>Fee (\$)</u> x =	Fee Paid (\$)				
HP = highest number of in	ndependent cla	ims paid for, if g	reater than 3.					
3. APPLICATION SIZ If the specification and listings under 37 CFR sheets or fraction there	drawings ex 1.52(e)), the	application siz	e fee due is \$250	0 (\$125 for small enti	•			
Total Sheets	Extra She	ets <u>N</u>	umber of each a	additional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)	
- 100 =		/ 50 =	(rou	nd up to a whole nun	nber) x		=	
4. OTHER FEE(S) IDS Submission							Fees Paid (\$) 180.00	
Total Fees								
SUBMITTED BY								

SUBMITTED BY									
Name (Print/Type)	Michael A. Pugel	Registration No. (Attorney/Agent)	57,368	Telephone	317-587-4027				
Signature	/Michael A. Pugel	/	Date	January 26, 2011					

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